P. Leave Satur. 2-25-05 Chart 03500.017396



## PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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:	Examiner: S. Hsieh
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:	Group Art Unit: 2861
)	
:	Allowed: August 19, 2004
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)	·
:	November 19, 2004
	) : ) : ) : ) : )

Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT UNDER 37 CFR 1.312

Sir:

## **Introductory Comments**

Applicant is in receipt of a Notice of Allowance and Fee(s) Due dated August 19, 2004. The Issue Fee is due to be paid November 19, 2004. Applicant respectfully requests the Examiner to consider and enter the following amendments to the above-identified application.



In re Application of:

YASUYUKI HIRAI

Application No.: 10/616,935

Filed: July 11, 2003

For: INK JET RECORDING APPARATUS AND

RECOVERY MECHANISM PORTION OF INK JET RECORDING APPARATUS

Docket No.: 03500.017396

Examiner: S. Hsieh

Group Art Unit: 2861

Allowed: August 19, 2004

Date: November 19, 2004

Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment Under 37 CFR 1.312 in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

		(	CLAIMS AS AME	NDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8	MINUS	20	= 0	x \$ 9 \$18	\$0.00
INDEP. CLAIMS	2	MINUS	3	0	x \$44 \$88	\$0.00
Fee for Mu	iltiple Dependent cl	aims \$150°	2/\$300	· · · · · · · · · · · · · · · · · · ·		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	

<sup>°</sup>Verified Statement claiming small entity status is enclosed, if not filed previously.

	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.
	Respectfully submitted,

Attorney for Applicant Registration No. 33,628

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

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